

# Union Calendar No. 186

114TH CONGRESS  
1ST SESSION

# H. R. 1725

**[Report No. 114-245]**

To amend and reauthorize the controlled substance monitoring program under section 399O of the Public Health Service Act, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 26, 2015

Mr. WHITFIELD (for himself, Mr. KENNEDY, Mr. BUCSHON, and Mr. PAL-LONE) introduced the following bill; which was referred to the Committee on Energy and Commerce

SEPTEMBER 8, 2015

Additional sponsors: Mr. BURGESS, Ms. CLARK of Massachusetts, Mr. McGOVERN, Mr. BILIRAKIS, Mr. JOHNSON of Ohio, Ms. MATSUI, Mr. KEATING, Mr. MOULTON, Ms. KUSTER, and Mrs. COMSTOCK

SEPTEMBER 8, 2015

Committed to the Committee of the Whole House on the State of the Union  
and ordered to be printed

# A BILL

To amend and reauthorize the controlled substance monitoring program under section 399O of the Public Health Service Act, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2   *tives of the United States of America in Congress assembled,*

3   **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “National All Schedules  
5   Prescription Electronic Reporting Reauthorization Act of  
6   2015”.

7   **SEC. 2. AMENDMENT TO PURPOSE.**

8       Paragraph (1) of section 2 of the National All Sched-  
9   ules Prescription Electronic Reporting Act of 2005 (Public  
10   Law 109–60) is amended to read as follows:

11           “(1) foster the establishment of State-adminis-  
12   tered controlled substance monitoring systems in  
13   order to ensure that—

14           “(A) health care providers have access to  
15   the accurate, timely prescription history infor-  
16   mation that they may use as a tool for the early  
17   identification of patients at risk for addiction in  
18   order to initiate appropriate medical interven-  
19   tions and avert the tragic personal, family, and  
20   community consequences of untreated addiction;  
21   and

22           “(B) appropriate law enforcement, regu-  
23   latory, and State professional licensing authori-  
24   ties have access to prescription history informa-  
25   tion for the purposes of investigating drug di-

1           version and prescribing and dispensing prac-  
2           tices of errant prescribers or pharmacists; and”.

3 **SEC. 3. AMENDMENTS TO CONTROLLED SUBSTANCE MONI-**  
4 **TORING PROGRAM.**

5       Section 399O of the Public Health Service Act (42  
6 U.S.C. 280g–3) is amended—

7           (1) in subsection (a)—

8              (A) in paragraph (1)—

9                  (i) in subparagraph (A), by striking  
10                 “or”;

11                  (ii) in subparagraph (B), by striking  
12                 the period at the end and inserting “; or”;  
13                 and

14                  (iii) by adding at the end the fol-  
15                 lowing:

16                 “(C) to maintain and operate an existing  
17                 State-controlled substance monitoring pro-  
18                 gram.”; and

19                 (B) in paragraph (3), by inserting “by the  
20                 Secretary” after “Grants awarded”;

21                 (2) by amending subsection (b) to read as fol-  
22                 lows:

23       **“(b) MINIMUM REQUIREMENTS.—The Secretary**  
24       shall maintain and, as appropriate, supplement or revise  
25       (after publishing proposed additions and revisions in the

1 Federal Register and receiving public comments thereon)  
2 minimum requirements for criteria to be used by States  
3 for purposes of clauses (ii), (v), (vi), and (vii) of subsection  
4 (c)(1)(A).”;

5 (3) in subsection (c)—

6 (A) in paragraph (1)(B)—

7 (i) in the matter preceding clause (i),  
8 by striking “(a)(1)(B)” and inserting  
9 “(a)(1)(B) or (a)(1)(C)”;

10 (ii) in clause (i), by striking “program  
11 to be improved” and inserting “program to  
12 be improved or maintained”;

13 (iii) by redesignating clauses (iii) and  
14 (iv) as clauses (iv) and (v), respectively;

15 (iv) by inserting after clause (ii) the  
16 following:

17 “(iii) a plan to apply the latest ad-  
18 vances in health information technology in  
19 order to incorporate prescription drug  
20 monitoring program data directly into the  
21 workflow of prescribers and dispensers to  
22 ensure timely access to patients’ controlled  
23 prescription drug history;”;

24 (v) in clause (iv), as redesignated, by  
25 inserting before the semicolon at the end

1           “and at least one health information tech-  
2           nology system such as an electronic health  
3           records system, a health information ex-  
4           change, or an e-prescribing system”; and

5                 (vi) in clause (v), as redesignated, by  
6                 striking “public health” and inserting  
7                 “public health or public safety”;

8                 (B) in paragraph (3)—

9                         (i) by striking “If a State that sub-  
10                 mits” and inserting the following:

11                         “(A) IN GENERAL.—If a State that sub-  
12                 mits”;

13                         (ii) by striking the period at the end  
14                 and inserting “and include timelines for  
15                 full implementation of such interoper-  
16                 ability. The State shall also describe the  
17                 manner in which it will achieve interoper-  
18                 ability between its monitoring program and  
19                 health information technology systems, as  
20                 allowable under State law, and include  
21                 timelines for implementation of such inter-  
22                 operability.”; and

23                         (iii) by adding at the end the fol-  
24                 lowing:

1                 “(B) MONITORING OF EFFORTS.—The  
2                 Secretary shall monitor State efforts to achieve  
3                 interoperability, as described in subparagraph  
4                 (A).”;

5                 (C) in paragraph (5)—

6                         (i) by striking “implement or im-  
7                 prove” and inserting “establish, improve,  
8                 or maintain”; and

9                         (ii) by adding at the end the fol-  
10                 lowing: “The Secretary shall redistribute  
11                 any funds that are so returned among the  
12                 remaining grantees under this section in  
13                 accordance with the formula described in  
14                 subsection (a)(2)(B).”;

15                 (4) in subsection (d)—

16                         (A) in the matter preceding paragraph  
17                 (1)—

18                         (i) by striking “In implementing or  
19                 improving” and all that follows through  
20                 “(a)(1)(B)” and inserting “In establishing,  
21                 improving, or maintaining a controlled sub-  
22                 stance monitoring program under this sec-  
23                 tion, a State shall comply, or with respect  
24                 to a State that applies for a grant under

1                   subparagraph (B) or (C) of subsection  
2                   (a)(1)”;

3                   (ii) by striking “public health” and in-  
4                   serting “public health or public safety”;  
5                   and

6                   (B) by adding at the end the following:

7                 “(5) The State shall report to the Secretary  
8                 on—

9                 “(A) as appropriate, interoperability with  
10                 the controlled substance monitoring programs  
11                 of Federal departments and agencies;

12                 “(B) as appropriate, interoperability with  
13                 health information technology systems such as  
14                 electronic health records systems, health infor-  
15                 mation exchanges, and e-prescribing systems;  
16                 and

17                 “(C) whether or not the State provides  
18                 automatic, real-time or daily information about  
19                 a patient when a practitioner (or the designee  
20                 of a practitioner, where permitted) requests in-  
21                 formation about such patient.”;

22                 (5) in subsections (e), (f)(1), and (g), by strik-  
23                 ing “implementing or improving” each place it ap-  
24                 pears and inserting “establishing, improving, or  
25                 maintaining”;

1                             (6) in subsection (f)—

2                             (A) in paragraph (1)—

3                                 (i) in subparagraph (B), by striking  
4                                 “misuse of a schedule II, III, or IV sub-  
5                                 stance” and inserting “misuse of a con-  
6                                 trolled substance included in schedule II,  
7                                 III, or IV of section 202(c) of the Con-  
8                                 trolled Substance Act”; and

9                                 (ii) in subparagraph (D), by inserting  
10                                 “a State substance abuse agency,” after “a  
11                                 State health department,”; and

12                             (B) by adding at the end the following:

13                             “(3) EVALUATION AND REPORTING.—Subject  
14                                 to subsection (g), a State receiving a grant under  
15                                 subsection (a) shall provide the Secretary with ag-  
16                                 gregate data and other information determined by  
17                                 the Secretary to be necessary to enable the Sec-  
18                                 retary—

19                                 “(A) to evaluate the success of the State’s  
20                                 program in achieving its purposes; or

21                                 “(B) to prepare and submit the report to  
22                                 Congress required by subsection (l)(2).

23                             “(4) RESEARCH BY OTHER ENTITIES.—A de-  
24                                 partment, program, or administration receiving non-  
25                                 identifiable information under paragraph (1)(D)

1 may make such information available to other enti-  
2 ties for research purposes.”;

3 (7) by redesignating subsections (h) through  
4 (n) as subsections (j) through (p), respectively;

5 (8) in subsections (c)(1)(A)(iv) and (d)(4), by  
6 striking “subsection (h)” each place it appears and  
7 inserting “subsection (j)”;

8 (9) by inserting after subsection (g) the fol-  
9 lowing:

10 “(h) EDUCATION AND ACCESS TO THE MONITORING  
11 SYSTEM.—A State receiving a grant under subsection (a)  
12 shall take steps to—

13 “(1) facilitate prescriber and dispenser use of  
14 the State’s controlled substance monitoring system;

15 “(2) educate prescribers and dispensers on the  
16 benefits of the system both to them and society; and

17 “(3) facilitate linkage to the State substance  
18 abuse agency and substance abuse disorder services.

19 “(i) CONSULTATION WITH ATTORNEY GENERAL.—  
20 In carrying out this section, the Secretary shall consult  
21 with the Attorney General of the United States and other  
22 relevant Federal officials to—

23 “(1) ensure maximum coordination of controlled  
24 substance monitoring programs and related activi-  
25 ties; and

1           “(2) minimize duplicative efforts and funding.”;  
2           (10) in subsection (l)(2)(A), as redesignated by  
3        paragraph (7)—

4                  (A) in clause (ii), by inserting “; estab-  
5        lished or strengthened initiatives to ensure link-  
6        ages to substance use disorder services;” before  
7        “or affected patient access”; and

8                  (B) in clause (iii), by inserting “and be-  
9        tween controlled substance monitoring pro-  
10      grams and health information technology sys-  
11      tems,” before “, including an assessment”;

12           (11) by striking subsection (m) (relating to  
13      preference), as redesignated by paragraph (7);

14           (12) by redesignating subsections (m) through  
15      (o), as redesignated by paragraph (7), as subsections  
16      (l) through (o), respectively;

17           (13) in subsection (m)(1), as redesignated by  
18      paragraph (12), by striking “establishment, imple-  
19      mentation, or improvement” and inserting “estab-  
20      lishment, improvement, or maintenance”;

21           (14) in subsection (n)—

22                  (A) in paragraph (5)—

23                          (i) by striking “means the ability”  
24      and inserting the following: “means—  
25      “(A) the ability”;

5                         “(B) sharing of State controlled substance  
6                         monitoring program information with a health  
7                         information technology system such as an elec-  
8                         tronic health records system, a health informa-  
9                         tion exchange, or an e-prescribing system.”;

(B) in paragraph (7), by striking “pharmacy” and inserting “pharmacist”; and

16 (15) by amending subsection (o), as redesign-  
17 nated by paragraph (12), to read as follows:

18        "(o) AUTHORIZATION OF APPROPRIATIONS.—To  
19 carry out this section, there is authorized to be appro-  
20 priated \$10,000,000 for each of fiscal years from 2016  
21 through 2020."



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